

Please type a plus sign (+) inside this box ☐

UTILITY PATENT APPLICATION TRANSMITTAL

(only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	ORT-1579
First Inventor	PAGET et al.
Title	PYRIDOARYLPHENYL OXAZOLIDINONE ANTIBACTERIALS, AND RELATED COMPOSITIONS AND METHODS
Express Mail Label No.	EF195554155US

APPLICATION ELEMENTS

See MPEP Chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.
3. ☒ Specification [Total Pages 49]
(Preferred arrangement set forth below)
 - Descriptive Title of the Invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R&D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. ☐ Drawing(s) (35 USC 113) [Total Sheets]
5. Oath or Declaration [Total Pages 3]
 - a. ☒ Newly unexecuted original
 - b. ☐ Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 18 completed)
 - i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

ADDRESS TO: Commissioner for Patents
Box Patent Application
Washington, DC 20231

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - a. ☐ Computer Readable Form (CRF)
 - b. ☐ Specification Sequence Listing on:
 - i. ☐ CD-ROM or CD-R (2 copies); or
 - ii. ☐ paper
 - c. ☐ Statement verifying identity of above copies
- ### ACCOMPANYING APPLICATION PARTS
9. ☐ Assignment Papers (cover sheet & document(s))
 10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)
 11. ☐ English Translation Document (if applicable)
 12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
 13. ☐ Preliminary Amendment
 14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
 15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
 16. ☐ Request and Certifications under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
 17. ☒ Other: EXPRESS MAIL CERTIFICATE #EF195554155US

6. ☐ Application Data Sheet. See 37 CFR 1.76

18. ☐ If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-Part (CIP) of prior application No.: , filed
Prior application information: Examiner Group Art Unit:

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label 000027777 or ☐ Correspondence Address below

Name: Philip S. Johnson, Esq.
Address: Johnson & Johnson
One Johnson & Johnson Plaza
New Brunswick, NJ 08933-7003 USA

20. TELEPHONE CONTACT

Please direct all telephone calls or telefaxes to Joseph S. Kentoffio at:
Telephone: (732) 524-3711 Fax: (732) 524-2808

21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME	Joseph S. Kentoffio	Reg. No. 33,189
SIGNATURE	<i>Joseph S. Kentoffio</i>	
DATE	February 6, 2002	

FEE TRANSMITTAL*Complete if Known*

Application Number	
Filing Date	
First Named Inventor	PAGET et al.
Group Art Unit	
Examiner Name	
Attorney Docket Number	ORT-1579

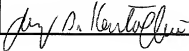
FEE CALCULATION

CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE
				\$ 740.00
TOTAL CLAIMS	27 - 20 =	7	x 18.00	\$ 126.00
INDEPENDENT CLAIMS	1 - 3 =	0	x 84.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS	3	N/A	\$280.00	840.00
			TOTAL FEES	\$1,706.00

METHOD OF PAYMENT

- ☒ Please charge Deposit Account No. 10-0750/ORT-1579/JSK in the amount of \$1,706.00. Three copies of this sheet are enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/ORT-1579/JSK. Three copies of this sheet are enclosed.

SUBMITTED BY:		<i>Complete (if applicable)</i>
Typed or Printed Name	Joseph S. Kentoffio	Reg. No. 33,189
Signature		Deposit Account No. 10-0750
	Date: 02/06/02	

10072534-020602

IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE

Applicant: Steven D. Paget, Michele A. Weidner-Wells and Harvey
M. Werblood

For : PYRIDOARYLPHENYL OXAZOLIDINONE ANTIBACTERIALS, AND
RELATED COMPOSITIONS AND METHODS

Express Mail Certificate

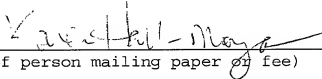
"Express Mail" mailing number: EF195554155US

Date of Deposit: February 6, 2002

I hereby certify that this complete application, including
specification pages, claims, abstract, and unexecuted
Declaration and Power of Attorney, is being deposited with the
United States Postal Service "Express Mail Post Office to
Addressee" service under 37 CFR 1.10 on the date indicated above
and is addressed to the Commissioner for Patents, Box Patent
Application, Washington, D.C. 20231.

Karen Hall-Morgan

(Typed or printed name of person mailing paper or fee)



(Signature of person mailing paper or fee)

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